THE CHIRONIAN

PUBLISHED SEMI-MONTHLY BY THE STUDENTS OF THE HOMŒOPATHIC MEDICAL COLLEGE.

VOLUME II. NEW YORK, NOVEMBER 25TH, 1885. NUMBER 3.

THE CHIRONIAN.

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Per annum, in advance, $1.50. Single copies, 15 cents.

All communications should be addressed to THE CHIRONIAN, N. Y. Hom. Med. College, 23d Street and 3d Avenue, N. Y. City.

Alumni, Professors and Undergraduates are asked to contribute to our columns. All articles must be signed by the name of the writer.

The editors are not responsible for opinions of contributors.

Subscriptions taken at the College. Single copies may be obtained in the "Students' Room."

All remittances by mail should be made to the Business Manager, at the College.

THE CHIRONIAN will be sent until ordered discontinued.

THE enterprise of the present lower classes is really amazing. They have introduced what is a new feature in our institution, base-ball. This sport, which is so popular in literary colleges, has never, for obvious reasons, had any hold upon our men. There is no good reason why a medical student may not know a great deal about scientific base-ball, but there are plenty of obstacles in the way of frequent indulgence in the sport, and we have no idea that more than an occasional game will be played.

IN the last number of THE CHIRONIAN we committed an error in ascribing to Prof. Helmuth, the authorship of the poem on "a patent leg." We think, as we received the MS. from Dr. Helmuth, as parts of it were his chirography; as he corrected the proof, and as we know that he is given to the production of such articles in just such a style, that the publication of his name as the author was a pardonable mistake. Still, at his request, we cheerfully make the correction, and believing that our surgeon is nevertheless somehow or other "mixed up" in "the patent leg," request another such "anonymous" production.

FROM the ranks of our students there has gone up in past years a constant cry for more clinics. Not because the faculty did not give them as many as in other colleges, for such was not the fact, but because every thoughtful man realized the importance of a thing so eminently practical as clinical instruction. From year to year more time has been given to this sort of instruction until at present the demand is nearly if not quite satisfied. About the right proportion of didactic and clinical teaching has probably been attained. Hitherto, one of the disadvantages of our location which prevented the performance of any surgical operation of note, has been very seriously felt. While this condition still obtains, the difficulty is met by the clinics at the Hahnemann Hospital, of which there are usually several each week. The plan of inviting to these clinics but a fourth of the senior class at a time, proves very satisfactory, and the advantages are obviously great. No doubt this increase of clinical instruction entails an additional amount of work on the part of the professors, but if the thorough appreciation of the students is any compensation, they may assure themselves of it. These hospital clinics were not begun this year, but the number has been increased. In other branches beside operative surgery, the clinics receive the same hearty appreciation from the men who occupy the benches.

Realizing fully as we do, that every effort is made by the faculty to keep well abreast of other institutions in this department as well as in all other respects we still cannot help hoping that the time may not be

far distant when we may have, in immediate connection with our college, a commodious and well-equipped hospital. Until then we must be content with frequent visits to the Hahnemann Hospital and rarer trips to Ward's Island.

THE temperance agitator and lecturer is a familiar figure to the American public. For years he has appeared before such audiences as he could gather together, and has steadily and with vehement pertinacity related his melancholy and somewhat fabulous tale. Sometimes eloquent and picturesque in statement, always energetic, generally sincere, seldom dreary and without interest, yet the results that follow are insignificant compared to the effort put forth. The good seed is either sown upon a barren soil or else the sower sows a seed that cannot yield the expected harvest. In truth, there has been more agitation concerning the temperance question than upon any other matter since that of slavery. Societies have been formed, lodges founded, literature scattered broadcast, numerous speakers employed, large sums of money spent to advance the temperance cause and arouse the people to a sense of its overwhelming importance, and yet the return for these investments is pitiably small. May it not be possible that the apostles of temperance have made some grievous errors, and that, had a different policy been pursued, greater advance had been made? Has it been the better part of wisdom to talk down to people from a conspicuous and widely advertised platform of high moral rectitude or to unsparingly and furiously denounce all who might differ in opinion? Has it been well to ignore the discoveries and disclosures of medical science, and to insist upon an acceptance of certain facts which intellectual people knew to be false? Has it been profitable to follow a line laid down by fanatics and to contemptuously cast aside the counsels of liberal and broader minds? In short, has intemperance in temperance paid? We think not. With weapons ready forged, tempered for instant use, with a vast array of auxiliaries eager to aid, with a cause so strong in right that it carried in itself an assurance of victory—yet victory is not gained. The chiefs of the temperance legions substituted weapons of their own, offended and drove away their allies and destroyed all hope of triumph The peculiar manner in which the temperance campaign has been sometimes conducted has given opportunity for the charlatan to appear. He has not been slow to improve his chance, and has disgusted and driven away many who were inclined to assist. The temperance charlatan differs in no wise from the religious charlatan. They are twin brothers. The sole business of each to which he assiduously devotes his time and efforts, is to advertise himself. His life is passed in feeding his own vanity. He seizes every occasion to present himself to public attention and metaphorically to stand on his head and dance the tight rope for public applause. He appears in the most unexpected places—a veritable harlequin. This masker, exposed, earns the contempt and scorn of mankind. And that no comedy may be wanting, as he writhes and withers under consciousness of general contempt, he exclaims that to unmask him is to lay hands upon the Lord's annointed. He is contentious, dogmatic, bigoted, intolerant. The people listen to these intemperate ranters, these screechers and howlers, and go away disgusted and dismayed. But, while little has as yet been accomplished in the temperance cause, owing chiefly to mismanagement, yet some few things have been done. The Legislatures of several States have passed bills making it obligatory to teach in the schools the physiology and hygiene, with especial reference to the effects of alcohol and tobacco. There can certainly be no objection to such a measure, if it is carried out sensibly and not as proposed by bigots. Extremists and fanatics, who ignore facts when they interfere with some pet doctrine or theory, should not be allowed to teach concerning these things. Does it do any good to teach children that tobacco is a deadly poison when they see their fathers and uncles thriving upon it and enjoying it? It is not right, for it would be false, to instruct children that alcohol is always a poison and uniformly harmful, for they may in after years find that they have been deceived. Let children be taught, says a writer elsewhere,

the hygiene which medical science endorses, and not that of the apostles of teetotalism and of anti-tobacco societies.

Materia Medica.

Indications for the Use of Cyanide of Mercury in Diphtheria.

BY PROFESSOR ALLEN.

UNTIL within two years I have not met with cases of diphtheria requiring the cyanide of mercury, although I have been on the constant lookout for indications for the drug, owing to its great usefulness in the epidemics in Vienna and n the south of Europe during the past few years. But within the last two years I have witnessed a few very clearly marked cases promptly cured by the cyanide of mercury, and in nearly every case the sequence of remedies was the same as in the following case; or, to be more exact, the early symptoms of the case required apis, and were followed by those requiring the cyanide.

A boy five years old was taken with swollen neck and rash covering the body and extremities. The tongue was furred, but not thickly so. The patient had a high fever, was very thirsty, and seemed in great distress, though there was very little difficulty in swallowing. Examination of the throat showed simply redness—no ulceration, no appearance of membrane. He received bryonia in water every two hours.

The next day the rash had extended over the limbs to the fingers and toes, and quite thickly covered the body; none, however, appeared upon the face. Both sides of the neck were swollen, the glands being infiltrated; tongue more thickly coated, and on the arch of the palate and uvula, both posterior tonsils, and extending upward to the posterior nares, was a thin, white membrane, bordered by intensely red, tumefied tissue. The thirst had disappeared and the boy seemed perfectly limp and apathetic. He would fall asleep easily, was roused easily, but complained of nothing. His urine had become very scanty; indeed, he had passed but very little once since my last visit, and that had not been saved. He received apis 6th in water every hour. I directed the parents to save the next water he passed and send it to my office. In a few hours I received a specimen which I found very dark in color and loaded with albumen; it contained blood and epithelial casts. The early appearance of the albumenuria alarmed me, and I immediately visited the patient again. I found him less drowsy, but in other respects about the same; pulse 125, soft. Apis was continued.

He had a very uncomfortable night, was restless, could find comfort in no position; he wanted to be laid in his crib and immediately taken up again. On every change he would drop asleep for a few minutes and wake crying. He had very little difficulty swallowing. I found the membrane had extended uniformly to portions of the anterior surface of the uvula, and was now accompanied by considerable difficulty in breathing, as though the nose were stopped. There was a little acrid discharge through the nose. The neck was still more swollen and the glands somewhat larger. Pulse 132. Face puffy but pale. The rash was now fading from the body, but was still present upon the limbs. The tongue was less furred than on the preceeding day, was quite red about the edges and at the tip. His skin was no longer hot and dry, and he was sweating profusely; indeed, his mother and nurse worried lest they had kept him too warmly covered (the weather was mild); the perspiration broke forth on every slight exertion, even taking him out of his crib would cause perspiration to break out profusely on his face. The little fellow seemed perfectly limp. He was no longer drowsy, and had asked for water two or three times during the night. The condition had now completely changed, and Apis was no longer indicated. Although no membrane could be seen in the anterior nares,—examination of the throat with the mirror was impossible,—there seemed to be no doubt that the membrane had ¡nvaded the nose; the discharge was not bloody; the anterior nares were much excoriated and the upper lip was a little sore. There was still a great deal of membrane in the throat; indeed, I

saw no special change in that respect. There was no increase in the swelling externally, and swallowing did not seem to hurt the little fellow and curiously enough there seemed at no time throughout the case any great difficulty in swallowing, possibly due to the fact that the little fellow is very plucky, and rarely acknowledges being hurt by anything. He had passed water several times during the night, indeed, had wet himself two or three times, and once or twice had passed some in the vessel; it was paler in color, but still loaded with albumen. At this time, owing to the very free perspiration, and to the excoriating discharge from the nostrils, I was quite sure that some preparation of Mercurius was indicated. There were no indications for either of the iodides. The patient's pulse was extremely weak and soft. He seemed so exhausted that he could scarcely raise his hand without breaking into sweat; indeed, his profuse prespiration seemed the most distressing feature of the case. From this circumstance I determined to give him the cyanide, and prepared some pellets moistened with the sixth, a few granules in half a glass of water, a teaspoonful once in two hours. The change that took place after the administration of this remedy was truly marvelous. Improvement began at once, and steadily continued. On the next day the patient was stronger, the perspiration was less in quantity and much less frequent, and the little fellow cried for bread and butter; his mother would not give it to him, and for three or four hours before my visit, he was much distressed because he could not have it.

He did not seem to want any other food. I told his mother to let him have it. He swallowed it without difficulty in my presence, and was allowed all the bread and butter he could eat, with plenty of butter. The membrane was now separating, the line of demarcation was well formed, and during the following twenty-four hours it came away in small detached pieces, leaving a raw, granulated surface in many places. The swelling of the neck diminished, the urine became more abundant, and of a more yellow color and less albuminous. On the eighth day of his illness the albumen entirely disappeared from the urine, and the microscope failed to demonstrate any abnormal condition of the kidney. The throat seemed perfectly free from trouble, except that it still continued quite red. The glands still continued somewhat swollen, and the discharge from the nose was still thin and somewhat acrid, though diminishing day by day. The cyanide of Mercury was continued only two days. It then gave place to sugar of milk, and finally to two or three doses of Arum triphyllum, which removed the last trace of the soreness of the nose.

It may be interesting to observe that twice before I have noticed Mercurius cyanatus indicated where there was a tendency of the process to invade the nose.

The profound prostration associated with the breaking out of sweat at every effort will generally serve to indicate the drug.

Formerly I have had many cases in which the Apis symptoms would persist for days, or until convalescence was firmly established and there was no occasion for any other remedy, but in these cases the Apis symptoms entirely disappeared before the patient began to improve and a change of remedies became imperative. In three cases now I have seen Mercurius cyanatus indicated after Apis.

As to the matter of diagnosis, of course it may occur to many that the case might have been one of scarlatina. The only symptom of scarlet fever, however, was the rash. The characteristic tongue of scarlet fever was at no time apparent. The onset of the attack was quite different from what we usually consider characteristic of that disease; and there is in my mind no room to doubt that the case was purely one of diphtheria with the scarlet rash so often present in severe and particularly in malignant diphtheria. I have no doubt in my own mind that had not the case been promptly arrested by Apis, followed by the cyanide, the little fellow would have died. The outlook was extremely grave at one period.

REPORT of the Brooklyn Homœopathic Hospital Dispensary for the month ending September 30, '85: New patients, 682; prescriptions, 1,662. B. E. Mead, M.D., Pres. of Staff.

Pædological Materia Medica.

A SERIES OF LETTERS. BY M. DESCHERE, M.D.

I.

My Dear Friend:

I AM delighted with your plan of making the treatment of children your specialty. Really, if anybody, those innocent little sufferers deserve our greatest sympathy; and grateful patients they are indeed. There can be nothing more gratifying to the heart of the true physician than the smile of a child recovering from severe illness. Speaking of specialties—you know that I have my own ideas about them. If they were extended in the manner they are cultivated in large cities at present (paying well, I think) we shall, after a while, cease to have physicians, and instead we may have occulists, aurists, laryngists, lung doctors, liver doctors, stomach doctors, bowel doctors, kidney doctors, men who treat only the rectum or the bladder, as well as chiropodists, manicurists, etc. And the poor victim who has any complicated condition about him or her, will have to go through a line of special hands, just like the hog in the slaughter-house before sausage is made out of it.

Such a division of labor will make the student one-sided and narrow in his views. The special study of Pædology, to the contrary, induces investigations of every organ in the body; stimulates the mind to comparative researches in all the branches of medicine.

But there is another way of dividing labor, and a much more scientific one than that of making specialties as it is fashionable at present; and that is, to have institutions, laboratories, as they are in every good university in Europe, where men devote *all their life* to the special study of anatomy, others to physiology, others to pathology, etc., and these men do not pretend to be physicians, but anatomists, physiologists, pathologists, botanists, chemists, etc. The world gains by it, as they give the results of their thorough investigations to the physician for the benefit of suffering humanity.

One specialty, however, remains for you. It is the fate of the *homœopathic* physician to fill this specialty; the *special study* of *materia medica.* All your anatomy, physiology, pathology, botany and chemistry will make you possibly a great scientist, but not a physician, without the special study of materia medica in the manner instituted by *Hahnemann.* The investigation of the pathogenetic power of drugs on the healthy human organism is the *only scientific basis* for their administration in diseased human organisms; and the homœopathic physician is the man who must take hold of this keystone in the science of medicine.

It is a pretty thing to argue about these points; but what I want to write you especially to-day is the manner in which best to utilize this Drug-Pathogenesis in the treatment of diseased children. If we could simply ask the baby as to its subjective feelings, and receive intelligent answers, this would be an easy matter. Very well, let us see if we cannot do this. You know babies have a language of their own, the language of signs. If we understand this, and interpret it correctly, we shall find the child giving very intelligent expression to its subjective feelings indeed. Then we shall be able to select the homœopathic remedy as easily as if a lawyer were giving us an account of his sufferings in the most figurative language possible. In other words we must translate the *objective* symptoms, *most minutely observed* in children into the *subjective* symptoms of our materia medica.

Let us suppose the first case that you are called to is one of *Capillary Bronchitis.* I know that you have no difficulty in arriving at correct diagnosis, and you are fully aware of the great danger you are facing in this little patient. He will be three years old to-morrow; and upon his recovery depends your introduction into a very desirable family. The child has been in the hands of an old school physician who has been prescribing *quinine, Dover's powder* and *squills;* still it got worse every day.

What will you do for it? Aconite, Belladonna, Arsenic, Ipecacuanha, Phosphorus, Tartarus emeticus, and other remedies are recommended for *such cases,* but which will be the right one for

the little boy before you? As the golden rule is *not* to select a remedy *for the name of the disease* but *for the individual patient.* He tells you the following story :

" His *cough* sounds *harsh rattling*, and he *cries during the spells* of coughing *which are frequent* and seem to make him very uneasy, as *he kicks and cries* and *his right cheek gets quite red.* (The mother has found that these spells are much *worse during the night, especially about midnight*, and that *the right cheek is always much more flushed than the left one*, since the last two days.) The child does not expectorate, as he is too young to do that, but *in daytime he seems to raise something* which he swallows ; he *does not do that during the night*, however.

Sleep is very poor. He *starts and moans* and *tosses about*, and *coughs even during sleep.* His *eyes are mostly half open* when he seems to sleep quietly for a few moments.

He will have *spells of suffocation*, and *then the cough is much more irritating ;* this condition he will get especially if he is not pleased at the minute and cries. *At the height of crying such an attack of cough and suffocation will come on*, after which he is much exhausted. But even during the intervals *breathing is short*, and on auscultation you hear *fine and coarse rattling* all over the chest.

The *pulse* is *small and quick*, but *hard*, sometimes *irregular*, about 160. There is *great heat of the surface when covered*, but *as soon as he exposes any part* by his restlessness *this becomes soon quite cold.* Temperature in anus, 103.

Perspiration during sleep most on face and head.

You need not know any more. The child has not spoken a word ; on the contrary, *he has been most offended by your presence*, and your *kind words only made him more irritable and furious.* It was with the greatest difficulty that you could put your ear to his back for a few seconds, while he was on his mother's lap, screaming with a hoarse voice and coughing. But you know what to give him, nevertheless.

If you do not, give a powder of *Saccharum lactis*, and ask to send to your office after half an hour for more medicine. This time you use for comparing your notes (which you have carefully written during your visit) with your Materia Medica. Here you find that none of those drugs which I have mentioned above is indicated in your case. The boy needs *Chamomilla*, of which you send a powder of the thirtieth potency, to be dissolved in eight tablespoonfuls of water, and a teaspoonful of that solution to be given every hour, except during quiet sleep. At your next visit the mother will receive you with the words: " Doctor, the child is ever so much better!" Such a picture you will find frequently in severe *Bronchitis*, and if you do, think of *Chamomilla* and your true chum.

Surgery.

Amputation of the Arm for Diffuse Abscess.

THIRTEEN students visited the Hahnemann Hospital on the twelfth inst. to witness two operations by Prof. Helmuth. After giving a lecture on amputations in general, the Professor emphasized the necessity of being thoroughly acquainted with the operation and the ultimate consequences attending it, and insisted that the greatest discretion should be exercised when anticipating such a procedure. He concluded his remarks by describing the operation which required his immediate attention. The operation was performed at the request of the patient, who understood that his sojourn in this world would be limited by the contamination of this diseased member. The patient's system was considerably deteriorated from the excessive drain of the abscesses and persistent use of drugs, having been accustomed to drinking fifteen ounces of paregoric a day previous to his arrival at the hospital, besides being a victim of the opium habit. The patient was placed on the operating table, having been etherized by the House Surgeon, Dr. Fulton.

Prof. Helmuth then proceeded to amputate by the circular method with antiseptic treatment. The assistant first marked the point of amputa-

tion with a solution of ether and iodoform, then covered the limb with cotton and applied Esmarch's bandage. The blood being then driven out of the arm, Prof. Helmuth entered the heel of the amputating knife on the upper surface and drew it steadily around the arm, dividing only integument and fascia.

The flap was then dissected and turned up, and the muscular tissue divided down to the bone. The retractor was then applied, and the bone sawn through at the upper third. The axillary artery and its branches were ligated with whale tendon, also one silk ligature was tied around axillary and left hanging outside. The advantage of the whale tendon is that it is absorbed in eight or ten days, is more pliable than catgut, and will not cut the tissue as much as wire sutures when inflammation sets in. The wound was thoroughly irrigated, and a few spiculæ of bone trimmed off, when the periosteum, muscles and integument was drawn over the end of the bone. Two decalcified bone drainage tubes were inserted underneath the deep sutures, and the flaps were drawn together, and maintained by three wire sutures, with buttons attached which were not drawn so tight as to produce sloughing underneath them.

The edges were then more thoroughly united by whale tendon sutures, using the running stitch, an invention by Prof. Wilcox, which renders the closure of the wound much more rapid than by the interrupted suture. A solution of corrosive sublimate, 1– 2,000 was injected through the tube into the wound, and being thoroughly cleansed in all its surroundings, the silk suture from axillary artery was fastened with adhesive strap, the wound was then washed with solution of ether and iodoform, and dressed with antiseptic treatment. Absorbent cotton and gauze was first applied, impregnated with a solution of corrosive sublimate and fastened with adhesive plaster. A recurrent baandge was then applied, tight enough to make compression in case of hemorrhage and to hold dressing in position. Safety pins were applied to keep it from slipping. The patient was seen a few days after the operation, and was much improved in health and making rapid progress toward complete recovery.

A Synopsis of Prof. Helmuth's Clinic.

MR. D., aged sixty-six years, was brought before our clinic last Wednesday, by Dr. Babcock, Class of '85, suffering from an abnormal growth, diagnosed by a physician as an osteoma of the inferior maxillary bone. Upon examination, the patient was found in a deplorable condition; his neck and upper part of his chest and back were a mass of ulceration. The history of the case, given by himself, is as follows:

About a year ago he noticed a small tumor growing on the left side of the lower jaw. He could ascribe no cause for the appearance of the lump, with the exception of a heavy blow that he received twenty-five years since in the same location; the effects of which subsided, and he experienced no discomfort until last fall, when the tumor commenced to grow rapidly. He then consulted a surgeon, who advised an operation, with the assurance that the patient could resume business in thirty days.

The operation was performed nine weeks ago. The tumor was then about the size of a man's fist, and ever since that time his condition has grown steadily and rapidly worse. Before the operation there was no swelling or disintegration of tissue; but afterward there was considerable sloughing together with ulceration which spread rapidly in every direction. He had been an inveterate smoker, and was advised to continue his practice. In the above described condition he finally consulted Dr. Babcock, who then brought him before the class, and stated that the gentleman called upon him about a month ago, when he made a thorough examination and prescribed a remedy for his blood, under which he improved considerably. Prof. Helmuth then examined the patient, and pronounced the neoplasm a cutaneous scirrhus carcinoma, which was incurable, and would continue to destroy the tissues until the carotid or some large blood-vessel was attacked, when he would probably die from hemorrhage. He advised Dr. Babcock to continue his remedy, relieve his sufferings by palliative means, and closed with the remark that it was

our duty to humanity, where life cannot be saved, to do all things possible to alleviate the patient's suffering.

(Dr. Helmuth being obliged to leave the city, his clinical assistant, Dr. Cornell, took charge of a portion of this clinic.)

Case 2.—Mr. B., aged thirty years, presented himself, and gave the following narrative of his case: "Three years ago I received an injury from a printing press, which proved to be a compound fracture of the elbow. A doctor was called, and at first he deemed it advisable to amputate the arm, but concluded to wait a few days. A further thought suggested the idea of setting the bones, which was accordingly done, and which resulted in anchylosis. Dr. Cornell examined the case and pronounced it a fibrous anchylosis, and, after using considerable force, and the adhesions not yielding, he thought it advisable to let the patient use his arm as much as possible, as breaking up the adhesions by greater force would cause inflammation of the joint."

Case 3.—Mr. G. noticed, a year and a half ago, points of ulceration around anus. They were pronounced condyloma, by Dr. Cornell, and five grains of iodide of potash given three times a day. This was prescribed some time ago; the doses were increased to seventeen grains, three times a day, with rapid improvement.

Case 4.—Willie Sullivan, thirteen years of age, presented an abscess of the neck. It first appeared as a small lump, last July, and was poulticed and discharged. It then apparently healed, but a new abscess formed in same location, and with this discharge there was sloughing of tissue, leaving a granular base, which showed no tendency to heal. It was injected with compound tincture of iodine to stimulate the granulation, and is now doing well.

Case 5.—Josie M., twelve years of age; one year ago she fell on her ankle, causing a bad sprain. She was treated for such and not recovering, was taken to another physician, who also pronounced it a bad sprain. His treatment not proving satisfactory, was brought to Dr. Cornell, who discovered disease of the bone, removed a few spiculæ and applied a plaster of Paris bandage to keep foot immovable.

Case 6.—Adenoma of breast. Mrs. M., forty-four years of age, first complained of a swelling in right breast last July, which was unaccompanied by any symptoms, save a slight swelling in the axilla about the size of a pigeon's egg. She had always enjoyed good health until the present trouble. It continued growing, and she then consulted a physician, who gave her some salts, senna and cream tartar, giving her the assurance that it would go as it came. The growth was persistent. He then painted it with iodine and applied a flax seed poultice. The poulticing was continued for two months, which caused sloughing, and not getting relief, she came to Prof. Helmuth's clinic, who stated that it was a peculiar case, non-malignant and the granulations and fungoid growth were caused by the constant moisture. He advised her to have it removed by excision, and prescribed Zn Oxide and a discontinuance of the poultice until the operation could be performed.

Through the kindness of Prof. Wm. Tod Helmuth, the students are invited in sections to witness operations by him at the Hahnemann Hospital a number of times during the winter, which is greatly appreciated by the students. In accordance with such invitation a number of the class visited the Hospital last Saturday, to witness the removal of an adenoma of the breast by the new method. The patient was properly etherized and placed upon the operating table, and when everything was in readiness Prof. Helmuth made an incision through the integument a little to one side of the nipple, and carefully dissected out the tumor, leaving the skin intact according to the recent method of Thomas. After ligating a number of small arteries, and thoroughly cleansing the wound, iodofom was dusted over the parts. He then placed a drainage tube of decalcified bone in position, and brought the wound together by three silver wire sutures. The edges were then pared off, and the wound was finally closed by a number of antiseptic catgut sutures. The proper dressing was applied, covered with oil silk held in position by adhesive straps.

While there he exhibited a patient whom he had recently operated on for the radical cure of hernia.

The operation was eminently successful, and the patient was so far recovered as to be able to return home on Monday.

Theory and Practice.

A Singular Case of Pulmonary Gangrene.

BY J. H. MOORE, M. D., CLASS OF '84.

(Taken from the *New England Medical Gazette.*)

THE writer, having been called upon by a local physician of the old school to make a post-mortem examination of a patient who died of gangrene of the lungs, deems the case of sufficient interest to bring before the notice of the profession the history of the same, as learned from the attending physician, as well as from the records of the examination.

The patient, an unmarried woman of thirty-five, had been troubled for a long time with decayed teeth, which gave her so much trouble that she decided to have them removed, and, living in the country, called on her family physician to extract them.

On the 12th of March, 1884, six weeks before the patient's death, the physician removed, under ether, twenty-two decayed teeth. For a day or two after the removal of her teeth the patient was confined to her bed, partly owing to the effect of the ether, but principally from the shock to which her system had been subjected; but after that time she was able to be about and attend to her usual duties. On the fourth day after the operation the patient experienced a troublesome cough, which was very persistent, and a day or two later, five days from the removal of the teeth, she complained of severe pains in the middle portion of the lower lobe of the left lung, which seemed to run to the back. At the same time an irregular intermittent fever lighted up, which, with the pains and cough, continued throughout her illness. On the ninth day from the time the pains were first experienced, or the fourteenth from the removal of the teeth, the patient began to expectorate, at first a rather greenish sputum, which continued for a few days, and then gradually took on a darker appearance, until it assumed a dark grumous character, and was of a very offensive odor, in fact similar in kind and smell to the gangreneous substance found in the lung after death. At the same time a similar odor was apparent in the breath of the patient. This expectoration continued until her death, four weeks later. The duration of the patient's illness, from the time of the extraction of the teeth till her death, was about six weeks. During this time the cough, pains, irregular fever and expectoration, continued. In addition there was some sympathetic heart trouble,—palpitation and the like,—together with considerable vomiting at times, from some derangement of the stomach. The bowels were costive, as a rule, throughout the whole period of sickness. During the last two weeks physical signs were discovered indicative of the formation of a cavity in the lung, but not until some time after the gangreneous expectoration had appeared, thus presenting one strong differential point in favor of gangrene rather than fœtid abscess, as in the latter the signs of excavation precede the occurrence of the fetor. Together with these local symptoms, there was present marked constitutional trouble, viz., small feeble pulse, great prostration, in short the vital powers seemed to be fast giving way before the septic fever. The patient seemed to die at last from the effects of blood poisoning and inanition, or, if one prefers, septicæmia. A counsel of physicians was held during the last two weeks of the patient's illness as to the exact character as well as cause of her trouble.

One rather favored, as his diagnosis, abscess of the lung, arising from the purulent infiltration of pneumonia. The case was diagnosed as pulmonary abscess, though no definite conclusion as to the cause was arrived at. As some differences of opinion had arisen, and much interest had been excited as to the cause, after the patient's death it was decided that a *post-mortem* should be held.

The examination was conducted Tuesday, April 22d, at 10:30 A. M., twenty-four hours after death.

The examination showed the heart to be normal, with the exception of a little unnatural flabbiness, the valves and orifices normal. On introducing the hand to remove the left lung, abnormally strong adhesions were found, especially at the outer side and posterior part of the pleura, which were thought by the physicians present to be rather the result of trouble experienced some time previous to her last illness, though no information could be obtained pointing to her ever having before suffered from any pulmonary complaint.

A large opening was found in the anterior axillary region of the lung, about the middle of the lower lobe, sufficiently large to admit fingers and thumb, and it proved to be the outlet of a large sinus communicating with a cavity in the interior of the lung. Two large sinuses were also found on the posterior side leading to the same cavity. After this lung was removed there was found hardly any normal appearance throughout—to the feel no crepitation, and to the sight one black, gangrenous mass.

On laying open the lung, the entire lobe and lower half of the upper lobe were found to be softened, and converted into a putrid mass, saturated with a blackish fluid, the whole mass emitting a horribly fetid odor, similar to the expectoration of the patient during the last two weeks of her illness. This putrid mass did not extend to the upper half of the upper lobe, but gradually merged into hepatized tissue as the apex was reached. On more minutely dissecting the substance of the lung, fine granular masses could be felt showing that inflammation had been present in the air cells.

While feeling for these fine granules, the finger came in contact with what seemed to be rather a large granular mass, very firm to the touch ; but on extraction it proved to be a fang of a large molar tooth, of the shape and size of an adult canine tooth. This was found deep down in the substance of the left lung, at the middle posterior portion of the lower lobe.

The diagnosis was now very clear. The tooth, passing through the left bronchus as far as it could wedge itself, formed a nidus, around which inflammation was set up, from its irritation as a foreign body, followed by suppuration of lung tissue ; and as the latter broke down, the tooth, from its own weight, was forced farther and farther down, until it lodged in its final resting-place, the middle and rather posterior portion of the substance of the lower lobe of the left lung, and, from its irritation, coming through the steps of inflammation and prolonged unhealthy suppuration, first, circumscribed, then diffuse pulmonary gangrene. The right lung, with the exception of the compensating emphysematous condition, was normal. Such is a brief history of the case taken at the post-mortem table. It offers another example of the great benefits to science obtained from the too often neglected *post-mortem* examinations.

Mrs. Dudley and Guiteau.

THE above-named persons have figured quite prominently in the field of medico-legal jurisprudence. It has been urged that these two individuals were afflicted with insanity, and in a similar manner. It may readily be acknowledged that, during their trials for murder or attempted murder, both Guiteau and Mrs. Dudley were noisy and outspoken in the court-room. Passing this point of similarity, we come to the following characteristic differences which existed between these two remarkable criminal cases: *firstly*, parentage. The parents of Charles J. Guiteau were strong and healthy people, honest, earnest and religious. Charles was their legitimate offspring. According to Dr. Sankey, Mrs. Dudley was "the illegitimate offspring of parents, one of whom, at least, was connected with the higher circles of society."

Secondly, we must consider the difference of sex. Sane men are more apt to commit murder than sane women. When a woman deliberately, in the open streets, and without provocation, attempts to kill a fellow-being, the probability of insanity is greater in her favor, than if the murder had been committed or attempted by a man.

Thirdly, the general histories of these two

cases present wide differences. Mrs. Dudley has a history of epilepsy from three years of age to the present time. She was educated and trained in the seclusion of French convents. She was trapped into a mock marriage with a man said to be "a clerk in holy orders." For a time she was deceived into believing that she was this man's legal wife; afterwards she was undeceived. Mrs. Dudley gave birth to two children, both of whom died in infancy. Her uncertain parentage; her epilepsy; her education in seclusion from the world; her mock marriage; her loss of children and all her best hopes, produced depression of spirits, and a strong tendency to the commission of suicide. Several times she attempted to kill herself, using chloroform, opium and steel. For these attempts she was locked up in jail, and finnally committed as a criminal lunatic, to the Sussex County Hospital for the Insane in England.

Here is a history giving sufficient cause for the production of insanity, and presenting the strongest possible evidence that insanity actually existed; and it is a matter of record that she was treated for this disease before she came to America, and before she had any idea of shooting O'Donovan Rossa.

Guiteau was educated at home, and under Christian influences. He became wayward and erratic, but he never had epilepsy; he never suffered such a shock of disappointment such as a woman would feel on learning that she had been the victim of a mock marriage; he never suffered with melancholia, nor attempted suicide; he was never committed as a criminal lunatic, nor treated in an asylum as an insane patient. He led a restless and roving life; but in that life he manifested no such tendencies, nor experienced any such disasters, or mental shocks, as those which befel Mrs. Dudley.

Fourthly, the attempts at committing murder, and the circumstances attending those attempts, in each case, may now be considered. Guiteau practiced with his pistol beforehand, that he might become skilled in the use of that weapon. He refrained from shooting President Garfield on one occasion because a sick wife might be injured if he did shoot. Here was developed a power of self-control which any sane villain might possess. Guiteau not only plotted shooting the President, but he planned to secure his own safety, both from a possible mob then, and the hand of the law afterward. He planned and executed the assassination, and provided for his own safety by invoking the guardianship of the police and the army. Subsequently he postured as a patriot, and, that fail ing, as a lunatic.*

Mrs. Dudley planned to kill O'Donovan Rossa, but she made no unusual preparations for the attempt. Nor did she make any provision for her own safety, either from a possible mob, or from the verdict of a jury. She shot at Mr. Rossa in a street in New York, where she was alone, unfriended, and without any means or care for self-protection.

Guiteau's acts were marked not only by cunning in preparation, and zeal in the execution of his purposes, but he also manifested a forethought for the protection of his life, subsequent to his deed, that is not a marked characteristic of an insane man. Mrs. Dudley, on the contrary, manifested a carelessness of personal welfare, after the commission of the deed, which is characteristic of a thoroughly insane person. This indifference of self has been demonstrated many times by the criminal insane.

We believe that the differences existing between these two remarkable cases should be presented to the profession, and to the minds of thoughtful people generally. By considering these differences, right-thinking people may, we believe, come to the conclusion that justice was consummated when the assassin of Garfield went to the gallows, and when the would-be assassin of O'Donovan Rossa was sent to an insane asylum.

"If I were you and you were I," she sang vigorously at the piano, and turning to him said: "What would you do?" "Well, love," he answered, "judging from your disposition and the color of your hair, I'd say you would take a club and knock me off that piano stool if I didn't stop singing."—*Cincinnati Merchant Traveller.*

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*See evidence of General Reynolds, of Chicago.

Books and Pamphlets.

The Vest-Pocket Anatomist. (Founded upon "Gray.") By C. HENRI LEONARD, A. M., M. D., Detroit: The Illustrated Medical Journal Co.

THIS little work, now in its twelfth edition, deserves its popularity; while the greater part of the book is but "Gray" condensed and transposed, the author has rendered his work valuable by the careful arrangement of facts and skill shown in condensation. It is an excellent companion in the dissecting-room. The section on "Triangles and Spaces" is well prepared, and the chapter on gynæcology will attract attention. Perhaps the section that will be most appreciated by students is "Points Worth Remembering," which contains in small compass many important facts.

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The Homœopathic Physicians Visiting-List and Pocket-Repertory. By ROBT. FAULKNER, M. D. Second Edition. Bœrecke & Tafel, New York and Philadelphia: $2.00.

THIS Visiting-List differs from most others of its kind, in that it contains a repertory of considerable extent, which adds greatly to the value of the book. In addition there are calendars for several years, tables of poisons and their antidotes, obstetrical calendar, etc. The book is so arranged as to be good for any year. It is handsomely bound, and the paper used is of the best quality.

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Visiting List and Prescription Record (Perpetual). Otis Clapp & Son, Boston and Providence.

THE arrangement of this book is excellent. No space is wasted, and every square inch of paper is utilized. It contains the usual tables, calendars, etc., and in addition gives a list of remedies, numbered and abbreviated, for convenient use in the Prescription Record. Sixty patients per week may be recorded in this work, and it is good for any time. It is well bound, and will commend itself to those who examine it.

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The Physician's Visiting List for 1886. Philadelphia: P. Blakiston, Son & Co.

WHOEVER arranged this list evidently understood his business thoroughly. It is compact, neat, practical and convenient. It gives both Sylvester's method for artificial respiration and Marshall Hall's ready method in Asphyxia. The Metric System of Weights and Measures is found in its pages, and a list of new remedies for 1885–6. A feature of the book that will increase its value to many is the Posological Table, rewritten in accordance with the new (6th) revision of the U. S. Pharmacopœia. The binding is exceptionally good.

PAMPHLETS RECEIVED.

Iritis: Its Relation to the Rheumatic Diathesis and its Treatment. By Charles J. Fundy, A.M., M.D., Prof. of Diseases of Eye, Ear and Throat in Detroit College of Medicine, etc.

The Surgical Treatment of Cysts of the Pancreas. By N. Senn, M.D., Surgeon to Milwaukee Hospital and Prof. of Surgery in College of Physicians and Surgeons, Chicago. Reprinted from the Journal of the American Medical Association.

Avena Sativa in the treatment of Opium Addiction. A Therapeutical Fraud, a Delusion and a Snare. By J. B. Mallison, M.D., Brooklyn, N. Y. Reprint: Medical Bulletin, Oct., '85.

How to use Listerine. A Formula Book. Lambert Pharmacal Co., St. Louis.

Exchanges.

THE Century for November is full of good things. Among the more notable articles are "The United Churches of the United States," by Prof. Charles W. Shields, Personal Memoirs of U. S. Grant: "Chattanooga," by U. S. Grant, and "Danger Ahead," by Lyman Abbott. Mary Halleck Foote contributes the first chapters of her new story entitled "John Bodewin's Testimony." Henry James' novel, "The Bostonians," is continued, and several short stories add interest to the magazine. Edward Everett Hall talks entertainingly of the Chautauqua Literary and Scientific Circle, and Edmund Gosse tells all about living English Sculptors. The "Century" is now published on the first of the month, and appears promptly on time.

THE Quarterly Bulletin of the Clinical Society of the New Post-Graduate Medical School is an attractive magazine, both as regards its appearance and contents. Dr. W. O. Moore contributes an interesting article on the "Physiological and Therapeutical Effects of the Cocoa Leaf and its Alkaloids." The type is clear, the paper fine, the illustrations excellent.

WE acknowledge the receipt of the following exchanges:

The "Atlanta Surgical and Medical Journal," "Albany Medical Annals," "Madisonensis," "The United States Medical Investigator," "La Reforma Medica," "The Medical and Surgical Herald," "Swarthmore Phœnix."

"The New England Medical Gazette," "The Hahnemannian Monthly," "Illustrated Medical Journal," "The Clinique," "The Peoria Medical Monthly," "The Southern Medical Record," "The Stevens' Indicator," "The Amherst Student," "The Quarterly Bulletin," "The Century Magazine," "The North American Review," "The Homœopathic Physician," "The California Homœopath," "The St. Louis Periscope," "The Southern Journal of Homœopathy," "The Detroit Lancet," "The Nashville Journal of Medicine and Surgery," "American Medical Digest."

A Plea for the "Dead-Beat."

O NUISANCE universal!
What adequate rehearsal
Of half thy cheat
Dare any one make trial;
Repeller of denial!
Thou smooth "Dead-beat."

When Galen embryonic
In classic phrase euphonic
His "sheep skin" earns—
(A legalized commission
To pose as a physician,)
His spirit yearns,—

To treat some pang enteric,
Which changes atmospheric
To cause combine;
By some device mechanic
Avert the osseous panic
Of crooked spine,

Who summons him so boldly
Contrasting those who coldly
His skill despise?
On extra care enlarges
And deems augmented charges
Small in his eyes,—

Compared to health unshatter'd
And nervous force unscatter'd
By fell disease?
Who in the nearest future
Will pay for pill or suture
The well earned fees?

Yet when with shrunken coffer
His bill one fain would offer—
To his dismay
He finds this lib'ral patient,
Like fleeting inbefacient,
Has gone away.

Thus in the stage transition
From student to physician
The "beat" finds place,
And for his help unwitting
It is supremely fitting
We bow with grace.

—A., '67.

College Notes.

BASE-BALL.—'87 *vs.* '88.

A FRIENDLY game of ball was played on Saturday, October 31st, at the Polo Grounds by picked nines from the classes of '87 and '88, with a few seniors to lend dignity to the sport. Considerable expertness was shown by some of the players, several double plays being made.

Owing to darkness, the game was called at the seventh inning, '87 winning by a score of nineteen to seventeen. The game being forfeited to '88 on a technical point—nine to nothing.

The above was written by our special reporter, who was *not* there, and if it does not meet with the approval of all, a suit for libel is their only redress.

THE member from Germany is mad.

QUIZ IN SURGICAL HISTORY. "What can you tell about Galen?"

Answer, "Galen is dead."

THE universal commendation which comes from widely scattered localities concerning the CHIRONIAN is most encouraging.

PROF. DOUGHTY is illustrating his lectures on the cadaver, and soon the dissecting-room will be a centre of universal attraction to '88's men.

"THEY also serve who stand and wait." *Milton.* There are cases where the physician must serve in this way. He must use his common sense and not his Materia Medica.

LAST week, Thursday, Prof. Wright was on from his home in Buffalo, and during the day gave three lectures on hygiene. Most of the seniors took the subject last year.

DR. C. O. NORTON, '85 came around the other day for a few moments. He is located at 209 East Eighty-second street, and pursuing a special course at the N. Y. Ophthalmic Hospital.

DR. HERMANN NASH, who graduated from our College in 1884, received shortly after an appointment in the Ward's Island Hospital where he has been engaged until recently. He has now removed to Georgetown, Conn., where he intends to locate.

PROF. S. "Tell me Mr. M. what the differential diagnosis is between Aneurism of the Aorta and œsophagitis?"

Mr. M. "Could tell by introducing an œsophageal bougie."

Prof. S. "Not unless it was a very intelligent bougie."

As a preface to one of his lectures, Prof. Helmuth showed a specimen of Fibroma of the Uterus, which he removed last week at the Hahnemann Hospital and gave us an interesting account of the three ovariotomies lately performed there by him, with results which were most gratifying.

THIS number will find many of its readers ministering to suffers from Acute Gastritis, caused by a single glass of icewater after the usual Thanksgiving dinner of historic turkey and pre-historic mince pie, together with every other toothsome eatable and drinkable to be obtained on this day of universal feasting. Beware of the water.

AT the last meeting of the Senior Class, President Knight in the chair, the following gentlemen were duly elected executive officers for the ensuing year:

President, S. A. Stacy, Ohio.
Vice-President, W. H. Jones, Conn.
Secretary, E. E. Keeler, N. Y.
Treasurer, G. B. Dowling, N. Y.

Various matters were brought before the class, duly discussed, decided and dismissed, with which the reader, it is supposed, would not be interested; among these was the all-absorbing topic of a class supper.

DURING the week ending November 13th, Professor Helmuth performed at the Hahnemann Hospital the following: Three extirpations of the uterus, one ovariotomy, one amputation of the arm, one operation for varicocele, and removed an adenoma of the breast. Six of these operations were witnessed by sections of the Senior Class and the Surgical Editor of THE CHIRONIAN, who will report the main features of each case in his department. The Seniors all acknowledge the wisdom of dividing the class into sections for these clinics, and appreciate Prof. Helmuth's effort to have them see as many operations as possible.

THE trip to Ward's Island, Wednesday, Nov. 18, and the clinics at the Homœopathic Hospital there were thoroughly enjoyed by all who went. The whole afternoon was devoted to it, the start being made at 1:30. Out of consideration for the delicate organism of the Commissioners of Charities, the boys were careful not to draw a deep breath or speak much above a whisper while on board the boat. All this proved so oppressive to King '87, that when the Island was reached he jumped to the dock before the plank was out. The omnipresent "cop." didn't see the point, and made him return to the boat. Munroe '86, on the other hand, was so anxious to get on board that he climbed over the rail and thereby drew upon his luckless head the wrath of the purser. The race from the landing to the Hospital Amphitheatre must have been amusing to beholders. In returning the

boat reached the foot of Twenty-sixth street about five o'clock.

During the past fortnight there have been under treatment by members of the senior class, the following cases:

Scarlet-Fever, by W. L. Bartholomew and F. A. Faust.

Capillary Bronchitis, by E. Witte.

Scarlet-Fever, by P. G. Smoot and S. A. Stacy.

Measles, S. W. Oley and J. I. Licorish.

Endocarditis and four cases of Folicular Tonsilitis, by C. E. Dodge and E. M. Hatch.

Scarlet-Fever, by R. Benedix.

Potts Disease of the Spine, by D. J. Roberts and W. B. Winchell.

Hahnemannian Society.

November 11th, at 7:30 P. M.

PRESIDENT SMOOT presided.

Seven new members were received.

Mr. A. M. Ritch read an excellent paper, entitled "What is Life?" He received a vote of thanks from the Society.

The Senior Quiz-masters were reëlected in a body. The following are the Junior Quiz-masters:

Anatomy—G. M. Smith.
Physiology—C. A. Ward.
Chemistry—W. H. Haviland.
Histology—G. B. Best.
Pathology—C. F. Snyder.
Med. Jurisprudence—M. J. Adams.
Toxicology—J. Townsend.
Med. Chemistry—N. H. Houghton.

The amendment to the By-laws, proposing to change time of meeting, was taken up, but, after some discussion, again laid on the table.

Mr. Best moved that a petition, asking for improvement of the ventilation of amphitheatre, be drawn up and circulated for signatures. Carried. Mr. Best was appointed to attend to it.

Mr. Roberts moved that a committee be appointed to draught and submit suitable resolutions concerning the death of Chas. C. Hammond, a member of the Society. Carried. Pres. Smoot appointed as such committee Messrs. Roberts, Stewart and Reynolds.

Adjourned.

Marriages.

WE have received notice of the marriage of Dr. Edward Chapin, which occurred on the evening of October 21st. The lady was Miss Mary Dexter Miller, of Brooklyn, the ceremony being performed in the Memorial Presbyterian Church of that city. The doctor was a graduate of 1878, and resides at 352 Clinton street, Brooklyn,

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Dr. Herbert D. Schenck, who was a graduate in 1884, and has since been practicing in this city, has gone over to the majority, and now ranks among the Benedicts. The lady was Miss Etta L'Hommedieu, and the happy event was celebrated October 14th, in Union Springs, New York.

At the Central Congregational Church, Madison avenue and Forty-seventh street, this city, October 7th, at 3 P. M., the marriage of Emma Louise, only daughter of Cyrenius Hard, to Dr. Joseph R. Hoffman, '83, was celebrated. Following there was a brilliant reception, after which an extended tour was taken to Saratoga and Lake George. The Doctor and wife may now be found on Western avenue, Morristown, N. J.

The following is self-explanatory, and is clipped from the *Ithaca Journal* of October 21st:

"The marriage of Dr. T. M. Strong, of New York City, and Miss Sarah H. Sibley took place at seven o'clock last evening at the residence of the bride's mother, on West Green street. The ceremony was performed by the Rev. Charles M. Tyler, in the presence of the near relatives of the bride and groom. Mr. and Mrs. Strong left on G., I. &. S. train, No. 15, last evening for Philadelphia, and will take up their residence on Ward's Island, New York, where Dr. Strong holds the position of chief of the medical staff of the Homœopathic Hospital."

We would add to the above that Dr. Strong graduated from the New York Homœopathic Medical College in 1871, and has held the posi-

tion he now occupies for nearly three years. In this hospital there are many physicians and an army of nurses under his control, and upon his return with his bride the male population showed their personal regard by presenting him with an elegant silver service, while the female employees gave their wishes of "Gude Lucke" in the form of an elegant floral horse-shoe.

MARRIED.—At the residence of the bride, August 12, 1885, Dr. Alton G. Warner, '83, Physician to the Ophthalmic Hospital, New York City, to Miss Fannie E. Bailey, of Watkins, N. Y. After a pleasant visit to Montreal *via* Thousand Islands, the doctor and his wife returned to their city home.

IN MEMORIAM

DIED.—Dr. Henry C. Blauvelt, '79, October 9th, 1885, at 358 West Thirty-first street, New York City. Aged thirty-six years.

CHARLES CLARK HAMMOND.

CHAS. C. HAMMOND, whose death it becomes our painful duty to chronicle, departed from this life at the home of his mother in Fayetteville, New York, on Tuesday morning, November 2d. Pulmonary phthisis, that dread destroyer, had long since marked him as its victim. He entered college with the class of '86, but was with difficulty able to remain through the first year, and has been unable since to continue his study. He, however, kept fresh his interest in the College, and especially in his class-mates.

Mr. Geo. T. Hawley, '86, represented the Class at the funeral services.

The Class held a meeting Nov. 17th, and appointed a committee, which submitted the following resolutions :—

Whereas, Chas. C. Hammond, a beloved member, has been recently removed by death ; be it therefore

Resolved, I. That we, the class of '86 of the New York Homœopathic Medical College, learned of his death with the deepest regret, for, although he has not been able for many months past to pursue his studies with us, yet he was by no means forgotten in his suffering at his home.

Resolved, II. That by his decease we lose a friend who, by his unvarying gentleness and straightforwardness, won from the first and retained to the end the admiration and esteem of all who were associated with him, and a fellow-student of medicine who, by his natural gifts and by his diligence in the preparation for his chosen profession, gave every evidence of being well fitted to minister to the ills of body and mind.

Resolved, III. That to the relatives and immediate family of the departed, especially to his widowed mother, we extend our heartfelt sympathy in this bereavement, which falls so heavily upon us all.

G. B. DOWLING,
GEO. T. HAWLEY,
C. E. DODGE,
} *Committee.*

E. L. PINE.

A MEETING of the Class of '87 was called on October 28th to adopt resolutions of regret upon the death of an honored member of the class, in the person of Mr. E. L. Pine, the entire class being present. A committee was appointed to draft the resolutions, and it was furthermore decided that, after the approval and adoption of said resolutions, that they be published in the college journal, THE CHIRONIAN, and that a copy be sent to the bereaved family.

The following resolutions were adopted :

Whereas, It has pleased God, in His infinite wisdom, to call from our ranks a beloved class-mate ; therefore, be it

Resolved, That we, the Class of '87, of the New York Homœopathic Medical College, do deplore the untimely death of our beloved class-mate, whose memory remains dear to us all ; and

Resolved, That we extend our heartfelt sympathy to the sorrowing family and friends, hoping they may take consolation in knowing that many friends of the deceased, who were won to him in life by his genial and gentlemanly deportment, now join with them in their sorrow, and that a kind Providence has removed him from a life of many trials and pains to one of never-ending union with Him to whose will we should ever bow in humble submission.

IRVING TOWNSEND,
BANKS F. YOUNG,
JOHN J. RUSSELL,
} *Committee.*

NEW YORK, October 28, 1885.